



JERSEY SHORE AREA SCHOOL DISTRICT

Private/Charter School Transportation Request

Date _____ School Year _____

SJNRA HS SJNRA St Boniface Walnut St Christian SVRCS LH Catholic Other _____

Student Information:

Last Name _____ First Name _____ MI _____

Street Address/911 Address _____

City _____ State _____ ZIP _____

Birth Date _____ Age _____ Grade _____

Parent/Guardian Information:

Parent Name _____ Relationship _____

Street Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Email _____

Is this a cell phone? _____ If not, what is your cell phone number? _____

Emergency Contact Information:

Emergency Contact Name _____

Emergency Contact Phone # _____

Emergency Contact Cell Phone # _____

Emergency Contact E-mail Address(es) _____

Mail/Fax/Deliver to: Dr. Kenneth Dady, Assistant Superintendent
Jersey Shore Area School District
175 A&P Drive
Jersey Shore PA 17740

Phone: 570-398-1566
FAX: 570-398-5089

Transportation Dept Use:

Date Received In Transportation Department: _____ Date Emailed To Contractor: _____ Mardens Susquehanna

Start Date: _____ AM: Bus# _____ Time: _____ Stop: _____
PM: Bus# _____ Time: _____ Stop: _____

Notification From Bus Company: (Initial & Date)

School District _____ Email or Phone _____ Parent _____ Email or Phone _____

Additional Info _____